

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8652
799
State File No.

FILED MAR 20 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>80 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		2188
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3727 EAST-9TH STREET</u>			d. STREET ADDRESS (If rural, give location) <u>3727 EAST-9TH STREET</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANNIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>FARIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-19-1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG-25-1868</u>	9. AGE (in years last birthday) <u>81 YEARS</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>RUSSELLVILLE, KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>MARSHALL B. SCOTT</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY TRAINEN</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL K. FARIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RAY T. FARIS</u> ADDRESS <u>1133 EAST DARTMOUTH RD KANSAS CITY, MO.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Renal Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>44</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>27 Dec, 1949</u> to <u>19 Feb, 1950</u> , that I last saw the deceased alive on <u>14 July, 1950</u> , and that death occurred at <u>U.S.S.A. n.</u> , from the cause and on the date stated above.					
23a. SIGNATURE <u>F. H. Wakefield</u> (Degree or title)			23b. ADDRESS <u>1102 Grand K. C. Mo.</u>		23c. DATE SIGNED <u>7-20-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-21-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-21-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Newsome</u> ADDRESS <u>1337 DRAPE CREEK KANSAS CITY, MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer.

Signed

Jess T. Dewar

Licensed Embalmer No. *445-3*

P. O. Address *27 Amos City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.